

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-376)

SEARCHED *09/24/47* FILED DATE

APPLICATION

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		CLAIMS	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					51	
2					52	
3					53	
4					54	
5		4			55	
6		1			56	
7		1			57	
8		1			58	
9		1			59	
10		1			60	
11		1			61	
12		1			62	
13		1			63	
14		1			64	
15		1			65	
16		1			66	
17		1			67	
18		1			68	
19		1			69	
20		1			70	
21		1			71	
22		1			72	
23		1			73	
24		1			74	
25		1			75	
26		1			76	
27		1			77	
28		1			78	
29		1			79	
30		1			80	
31		1			81	
32		1			82	
33		1			83	
34		1			84	
35		1			85	
36		1			86	
37		1			87	
38		1			88	
39		1			89	
40		1			90	
41		1			91	
42		1			92	
43		1			93	
44		1			94	
45		1			95	
46		1			96	
47		1			97	
48		1			98	
49		1			99	
50		1			100	
51		1			TOTAL	
52		1			TOTAL	
53		1			TOTAL	
54		1			TOTAL	
55		1			TOTAL	
56		1			TOTAL	
57		1			TOTAL	
58		1			TOTAL	
59		1			TOTAL	
60		1			TOTAL	
61		1			TOTAL	
62		1			TOTAL	
63		1			TOTAL	
64		1			TOTAL	
65		1			TOTAL	
66		1			TOTAL	
67		1			TOTAL	
68		1			TOTAL	
69		1			TOTAL	
70		1			TOTAL	
71		1			TOTAL	
72		1			TOTAL	
73		1			TOTAL	
74		1			TOTAL	
75		1			TOTAL	
76		1			TOTAL	
77		1			TOTAL	
78		1			TOTAL	
79		1			TOTAL	
80		1			TOTAL	
81		1			TOTAL	
82		1			TOTAL	
83		1			TOTAL	
84		1			TOTAL	
85		1			TOTAL	
86		1			TOTAL	
87		1			TOTAL	
88		1			TOTAL	
89		1			TOTAL	
90		1			TOTAL	
91		1			TOTAL	
92		1			TOTAL	
93		1			TOTAL	
94		1			TOTAL	
95		1			TOTAL	
96		1			TOTAL	
97		1			TOTAL	
98		1			TOTAL	
99		1			TOTAL	
100		1			TOTAL	

PRINTED ON 09/24/47
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